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CERTIFICATION BY FACSIMILE

I hereby certify that this correspondence is being sent by facsimile transmission in accordance with § 1.6(d) addressed to Art Unit 1652, Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 to Facsimile No. (571) 273-8300 on the date indicated below.

Date: July 6, 2006

By: Mari Kleineidam
Mari Kleineidam

**PATENT
Attorney Docket No. GCX329-US**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)	Group Art Unit: 1652
Van der Laan <i>et al.</i>)	Examiner: Christian L. Fronda
Serial No.: 07/565,673)	
Filed: August 10, 1990)	
For: Efficient Production of Mutant Proteases)	

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

1. Submission required under 37 C.F.R. § 1.114

- a. ☐ Previously submitted
 - i. ☐ Consider the amendment(s)/reply under 37 C.F. R. § 1.116 previously filed on _____.
 - ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.
 - iii. ☐ Other _____.
- b. ☒ Enclosed
 - i. ☒ Amendment/Reply

GCX329-US RCE

Serial No.: 07/565,673
Filed: August 10, 1990

- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Other _____

2. **Miscellaneous**

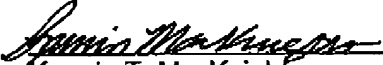
- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F. R. § 1.17(i) required)
- b. ☐ Other _____

3. **Fees** The RCE fee under 37 C.F. R. § 1.17(e) is required by C.F. R. § 1.114 when the RCE is filed.

- a. ☒ The Commissioner is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 07-1048.
 - i. ☒ RCE fee required under 37 C.F. R. § 1.17(e)
 - ii. ☐ Extension of time fee (37 C.F. R. § 1.136 § 1.17)
 - iii. ☐ Other _____
- b. ☐ Check in the amount of \$_____ enclosed
- c. ☐ Payment by credit card (Form PTO-2038 enclosed)

Respectfully submitted,

Dated: July 6, 2006


Kamrin T. MacKnight
Reg. No. 38,230

Genencor International, Inc.
925 Page Mill Road
Palo Alto, CA 94304-1013
Tel.: 650-846-5838
Fax: 650-845-6504

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